

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

JAN 31 P1:54

STATE OF HARAS STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) **PARTI** LOBBYIST NAME(Last) (First) (Middle) TELEPHONE Duck 527-8029 AX MAILING ADDRESS (Street) 924 Bethel 527- 8088 (Zip Code) (State) Honolulu, 96813 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** MAILING ADDRESS (Street) FAX (City) (State) (Zip Code)

PART II ORGANIZATION						
NAME OF ORGANIZATION YOU	TELEPHONE					
Legal Ard So MAILING ADDRESS (Street)	536-4302					
MAILING ADDRESS (Street)	FAX					
924 Bethel	527-8088					
(City)	(State)	(Zip Code)				
Hono Culu,	HI	96813				
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE				
Wayne Keawe		536-4302				
MAILING ADDRESS (Street)		FAX				
924 Bethel	5 * .	527-8088				
(City)	(State)	(Zip Code)				
Honolula,						

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
	riculture	Education	×	Human Services		Science, Technology & Economic Development	
	mmunications & blic Utilities	Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation	
	nsumer Protection & mmerce	Hawaiian Affairs		Labor & Employment		Transportation	
	lture, Arts, Historic eservation	Health		Planning, Land & Water Use Management		Other: (indicate below)	
	ology, Energy vironmental Protection	Housing		Public Safety & Corrections			
PART IV	CERTIFICATION	OF LOBBYIST			·		
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.							
	Sted PV	,,,,0	,			_	
(Signature of Lobbyist)			January 31, 2005 (Date)				
		(Olginature of Lobbylet)			(Date)		
PART V	AUTHORIZATION	TO LOBBY					
NAME							
WI.	M. Nalam Fyrmon Deputy Director						
	ORGANIZATION (if appli			TI	LEPHON	NE	
Lea	DDRESS (Street)	ty of Hawaii			527	8014	
MAILING	DDRESS (Street)	<i>J</i> /		F	λX		
1	924 Bethel Si				527	78088	
(City	(City) (State) (Zip Code)						
Ho		H1 96813					
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
2. NJ 31/05							
(Signature of Authorizing Officer of Person Represented) (Date)							